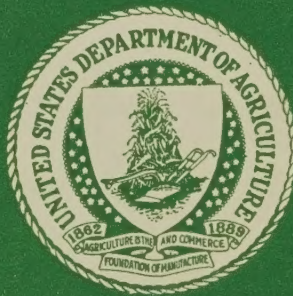


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Family Expenditure Survey

PUBLIC OPINION SURVEY UNIT, RESEARCH CENTER
SCHOOL OF BUSINESS AND PUBLIC ADMINISTRATION
UNIVERSITY OF MISSOURI, COLUMBIA

2. RECORD OF CALLS AT HOUSEHOLD

	A	B	C	D
DATE				
TIME OF CALL	AM PM	AM PM	AM PM	AM PM
RESULTS				

1A. Cluster Number: _____

B. Directory Page: _____

C. Census Tract: _____

D. Zipcode: _____

3. LENGTH OF INTERVIEW (in minutes) _____

4A. NON-INTERVIEW REASON

- (1) Not at home after 4 calls
- (2) Non-existent*
- (4) Vacant
- (5) Partial interview*
- (6) Refusal (try to get head's name)*
- (7) Other*

4B. *Explain _____

5A. Respondent's name _____

B. Address _____

BY OBSERVATION

6. Race of respondent

- (1) White
- (2) Negro
- (7) Other

7. Type of Living Quarters

- (1) Single-family unit
- (2) Multiple-dwelling unit
- (3) Room
- (7) Other (Specify) _____

8A. Interviewer signature _____

8B. ID Number _____

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CATALOGING - PREP.

9. Good (morning, afternoon, evening). My name is _____.
I am working on a special survey of families in St. Louis for the University of Missouri. How many people live in your household, including children?

_____ Number of people presently living in your household.

Eligibility Table

Number of People	Gross Income		
	Per Year (last 12 mos.)	Per Month	Per Week
1	\$1900	\$158	\$ 37
2	2400	200	46
3	3000	250	58
4	3800	317	73
5	4500	375	87
6	5000	417	96
7 or more	6100	508	117

10. Next, I need to know if the total family income for the last 12 months for this household is above _____ or if it is below _____.
(USE FIGURE FROM CHART FOR HOUSEHOLD WITH THIS NUMBER OF PEOPLE)
- (1) Above _____ (DISCONTINUE INTERVIEW)
- (5) Below _____ (CONTINUE INTERVIEWING)
- (8) Don't know (MAKE EVALUATION OF INCOME AND CONTINUE INTERVIEWING IF ESTIMATED INCOME IS BELOW THE APPROPRIATE FIGURE.)
11. Next I would like to find out the first name, age, and marital status of each person living here in your household, then, how each one is related to the head of the household, and the number of years of school that he has completed. (ASK FOR EACH PERSON AND RECORD IN TABLE ON PAGE 3.)

11. LIST ALL PERSONS LIVING IN HOUSEHOLD, ADULTS FIRST

(FOR PERSONS OVER 16 ONLY)					X RE- SPON- DENT
PERSON NUMBER	FIRST NAME	RELATION TO HEAD	SEX	AGE	
1.		HEAD			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

You are to interview the person who is most knowledgeable about family spending and income matters.

12. (IF R IS NOT HEAD OF THE HOUSEHOLD, ASK THE FOLLOWING QUESTIONS ABOUT THE HEAD)

In what part of the United States (or a foreign country) did (you/he) grow up? (NAME STATE(S) OR COUNTRY)

13. For how many years (have you/has he) lived in Missouri? _____ no. of years.
14. For how many years (have you/has he) lived in St. Louis? _____ no. of years.
15. (Were you/was he) brought up mostly on a farm, in a town, a small city, a large city, or in a suburb?

- (1) Farm, rural
- (2) Town
- (3) Small city
- (4) Large city
- (5) Suburb
- (8) Don't know

16. What is (your/his) religious preference, if any? (RECORD RELIGIOUS GROUP. IF RESPONDENT SAYS "PROTESTANT" OR "CHRISTIAN," PROBE FOR SPECIFIC DENOMINATION.)
-

17. (Do you/does he) belong to any of the following organizations?

	Yes	No
Veterans and Patriotic Organizations	(1)	(5)
Labor Unions	(1)	(5)
Church Groups	(1)	(5)
Business and Service Organizations	(1)	(5)
Others (specify, please) _____		

18. On the whole, would you say that (your/his) health is good, fair, or poor?

- (1) Good
- (3) Fair
- (5) Poor
- (8) Don't Know

19. When did (you/he) move into this (HOUSE/APARTMENT/ROOM)?

20. Do you rent or own here, or what?

- (1) Owns (ASK Q. 21)
- (5) Rents (GO TO Q. 22)
- (7) Other (SPECIFY) _____

_____(GO TO Q. 22).

(8) Don't Know (GO TO Q. 22)

21. A. (IF "OWNS" IN Q. 20) Do you have a mortgage or loan?

- (1) Yes (ASK Q. 21B)
- (5) No (GO TO Q. 22)
- (8) Don't Know (GO TO Q. 22)

B. (IF (1) IN Q. 21A) How much are your payments, and how often do you make them?

\$ _____ per _____ (PERIOD OF TIME)

22. A. Did you purchase any food stamps in the last 30 days?

- (1) Yes (ASK Q. 22B)
- (5) No (GO TO Q. 23)
- (8) Don't Know (GO TO Q. 23)

B. What did you pay for the stamps and what value did you receive?

Paid \$ _____ Value of stamps received \$ _____

EXPENDITURES:

23. These next questions are about your family spending. What did you spend yesterday, and what was it for? For each item, did you charge it or did you pay for it when you bought it?

Person's Name _____

First Day
(Yesterday)

(Day and Date)			
Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Second Day
(Day Before
Yesterday)

(Day and Date)			
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Third Day

(Day and Date)			
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fourth Day

(Day and Date)			
Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fifth Day

(Day and Date)			
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Sixth Day

(Day and Date)			
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Seventh Day

(Day and Date)			
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

24. What did you spend during the last 30 days since (MONTH AND DATE) _____
Don't include the last seven days since you've already told me that.
(RECORD BELOW)

[illegible]

SECOND ADULT

Person's Name _____

Information supplied by
(1) R (5) Person named

(GO TO THE NEXT ADULT IN THE HOUSE, SUCH AS SPOUSE, BROTHER OR SISTER. IF POSSIBLE INTERVIEW THAT PERSON. IF NOT, ASK R TO MAKE BEST ESTIMATES).

25. How much did you spend yesterday and what was it for? Did you charge it or pay for it? (RECORD BELOW. CONTINUE WITH DAY BEFORE YESTERDAY, ETC.)

First Day
Day
YESTERDAY _____
(Day and Date)

Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Second Day
(DAY BEFORE YESTERDAY) _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Third Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fourth Day _____
(Day and Date)

Amount Spent	Purpose	Charged	Paid
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Fifth Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Sixth Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

Seventh Day _____
(Day and Date)

\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)
\$ _____	_____	(1)	(5)

26. What did you spend during the last 30 days since (MONTH AND DATE) _____
Don't include the last seven days since you've already told me that.
(RECORD BELOW)

[illegible]

(RETURN TO INTERVIEW WITH RESPONDENT)

27. Now I'd like to ask you about all other persons in the household. How much did they spend yesterday and what was it for? (RECORD FOR ALL OTHER PERSONS BELOW. CONTINUE WITH DAY BEFORE YESTERDAY, ETC.).

First Day
(YESTERDAY)

(Day and Date)

Amount
Spent

Purpose

Charged

Paid

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

Second Day

(DAY BEFORE YESTERDAY)

(Day and Date)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

Third Day

(Day and Date)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

Fourth Day

(Day and Date)

Amount
Spent

Purpose

Charged

Paid

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

Fifth Day

(Day and Date)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

Sixth Day

(Day and Date)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

Seventh Day

(Day and Date)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

\$ _____

(1) (5)

Don't include the last seven days since you already told me that.

(RECORD BELOW)

[illegible]

29. It is hard to remember all the things we spent money for. During the last 30 days did you spend any money that you haven't already mentioned for: (READ LIST. IF R RECALLS ADDITIONAL EXPENDITURES, RECORD ON APPROPRIATE WEEKLY OR MONTHLY SHEET).

- A. Food or beverages purchased in grocery stores?
- B. Snacks, meals or drinks away from home?
- C. Food at places other than grocery stores, such as milk delivery or bakeries?
- D. Tobacco?
- E. Beer, wine, liquor?
- F. Shoe repair, clothing cleaning or repair, or laundry expenses?
- G. Barbers or beauty operators, shoe shines or other personal services?
- H. Cosmetics, toothpaste, deodorants or other personal items?
- I. Recreation, such as toys, billiards, movies, pet items or bowling?
- J. Automobile or motorcycle expense such as gas, oil, licenses or repair?
- K. Buses, taxis, car pools or trains?
- L. Gifts to churches or other groups?
- M. Medicines, prescriptions and health care items?
- N. Clothing, shoes or sewing material?
- O. Furniture or small appliances for your house? House repair?
- P. Curtains, rugs or other furnishings for your house?
- Q. Doctors or dentists?
- R. Hospital or nursing home care?
- S. Eye examinations or eye glasses?
- T. Water and sewage?
- U. Garbage and trash collection?

- V. Electricity or gas for heating or cooking purposes?
- W. Any other power, fuel or telephone bill for your house? Rent?
- X. Motels, hotels, or traveling expenses?
- Y. Alimony, or support of relatives, including children living outside the home, or other regular payments?
- Z. Bills for door to door salesmen from whom you have bought something?
- AA. Food stamps (SPECIFY CLEARLY THE AMOUNT SPENT FOR FOOD STAMPS, AS DISTINGUISHED FROM CASH SPENT FOR FOOD.)
- BB. Reading materials or school supplies?
- CC. Union dues, uniforms, tools or other things connected with a job?
- DD. Things that the children bought with their allowances?
- EE. Stationery, stamps for postage, and other miscellaneous expenses?

30. Do you or anyone in your family owe any money on television sets, appliances, furniture, car, or other things that you bought on credit or time?

- (1) Yes (ASK Q. 30B)
- (5) No
- (8) Don't Know (GO TO Q. 31)

B. (IF "YES" TO Q. 30A) What are you making payments for, how much is each payment, and how often are you supposed to make them?

Item	Amount of each payment	How often payments are made
	\$	
	\$	
	\$	
	\$	
	\$	

31. A. Do you (or anyone in your family) have any charge-a-plates, credit cards, or charge accounts at stores, such as Sears, Penney's, Famous-Barr, or gas company credit cards?

- (1) Yes (ASK Q. 31B)
(5) No
(8) Don't know (GO TO Q. 32)

B. Do you owe any money on credit cards or charge accounts that you are paying over a period of time?

- (1) Yes (ASK Q. 31C)
(5) No
(8) Don't know (GO TO Q. 32)

C. (IF "YES" TO Q. 31B) For each account how much are you or your family paying, how often and what did you buy? Do not include any payments that you may have listed under the major appliances or furniture.

TYPE----

DEPARTMENT STORE

MAIL ORDER HOUSE

GAS COMPANY

AMOUNT OF
EACH PAYMENT

HOW OFTEN
PAYMENTS ARE
MADE

WHAT WAS
BOUGHT WITH
THE CREDIT

[illegible]

32. A. Do you owe any money to finance companies, such as Beneficial, People's, Household, or to credit unions, or banks?

- (1) Yes (ASK Q. 32B)
 (5) No
 (8) Don't know (GO TO Q. 33)

B. (IF "YES" TO Q. 32A) How much do you pay, and how often, and is it to a bank, finance company, or credit union? Also, what did you buy or do with the credit or money you got?

TYPE OF LENDER (e.g. BANK, CREDIT UNION, FINANCE COMPANY)	AMOUNT OF EACH PAYMENT	HOW OFTEN PAYMENTS ARE MADE	WHAT WAS BOUGHT WITH THE CREDIT
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

33. A. Do you owe any money to stores, hospitals, doctors, businesses or anybody else that you haven't already mentioned?

- (1) Yes (ASK Q. 33B)
 (5) No
 (8) Don't know (GO TO Q. 34)

B. (IF "YES" TO Q. 33A) How much do you owe, to whom, and what was it for?

Amount Owed	To Whom	For What
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

34. A. Do you make insurance payments on your house or property, other than payments that are included with a mortgage payment?

- (1) Yes (ASK Q. 34B)
 (5) No
 (8) Don't Know → (GO TO Q. 35)

B. (IF "YES" TO Q. 34A) About how much are your payments and how often?

\$ _____ per _____ (PERIOD OF TIME).

35. A. Do you have life insurance on any member of your family or yourself?

- (1) Yes (ASK Q. 35B)
 (5) No
 (8) Don't Know → (GO TO Q. 36)

B. (IF "YES" TO Q. 35A) Who is that life insurance on? How much do you pay and how often?

Family member insured	Amount of each payment	How often payments are made
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

36. A. Do you or any member of your family have automobile or motorcycle insurance?

- (1) Yes (ASK Q. 36B)
 (5) No
 (8) Don't Know → (GO TO Q. 37)

B. (IF "YES" TO Q. 36A), How much is each payment and how often do you make them?

Amount of Each Payment	How often payments are made
\$ _____	_____
\$ _____	_____
\$ _____	_____

37. A. Do you have any other kind of insurance that we haven't already talked about, such as health insurance or disability insurance, on which you are making payments?

- (1) Yes (ASK Q. 37B)
- (5) No (GO TO Q. 38)
- (8) Don't Know (GO TO Q. 38)

B. (IF "YES" IN Q. 37A) What kind of insurance is that? How much do you pay for it? How often are you required to make these payments?

Kind of Insurance	Amount of each payment	How often payments are made
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

38. A. Can you think of any other regular payments that you have to make each year or oftener that you haven't already mentioned, such as taxes, automobile licenses, medical or dental bills, funeral bills or other things?

- (1) Yes (ASK Q. 38B)
- (5) No (GO TO Q. 39)
- (8) Don't Know (GO TO Q. 39)

B. (IF "YES" IN Q. 38A) What are those payments for, how much are they, and how often do you have to make them?

Purpose	Amount	How often payments are made
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

EMPLOYMENT

39. REFER TO PAGE 3 FOR LISTING OF PEOPLE IN HOUSEHOLD. ASK FOR EACH PERSON 16 YEARS OR OLDER. USE ONE SET OF PAGES FOR EACH PERSON. WRITE IN, ON FIRST LINE, NAME OF PERSON FOR WHOM QUESTIONS ARE BEING ASKED.

Now I want to ask about the employment of each of the adults in your household.

Has _____ had a job or done any sort of work for pay in the last four weeks?

- (1) Yes (ASK Q. 40)
 (5) No
 (8) Don't Know (GO TO Q. 49)

40. What kind of work does (he/she) do? (BE SPECIFIC)

41. What kind of business or organization does he work for? What do they do or make?

42. How many days or weeks did (he/she) work at this job during the last four weeks?

_____ (number)

43. How many hours per week did (he/she) work at this job?

_____ (number)

44. A. When was (his/her) last pay day? (IF PERSON IS PAID ON A DAILY OR IRREGULAR BASIS, GO TO Q. 45)

- B. What was the total amount? What deductions such as taxes and insurance were made and how much were they? What was the amount of take-home pay? (ASK FOR EACH PAY DAY IN LAST 30 DAYS, THEN GO TO Q. 46)

	Last Payday	Next to last Payday	3rd Payday	4th payday in last 30 days
Date	_____	_____	_____	_____
Total before deductions	\$ _____	\$ _____	\$ _____	\$ _____
Deductions (RECORD)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Take home pay	\$ _____	\$ _____	\$ _____	\$ _____

45. (IF PERSON IS PAID ON A DAILY OR IRREGULAR BASIS)

A. How often is (he/she) paid?

_____.

B. How much was (his/her) total pay before deductions during the last 30 days?

\$ _____.

C. Were there any deductions made from (his/her) pay, such as insurance, Social Security or credit union dues?

- (1) Yes (ASK Q. 45D)
 (5) No
 (8) Don't Know (GO TO Q. 46)

D. (IF "YES" TO Q. 45C) How much were they?

<u>Deductions</u>	<u>Purpose</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____

E. What was (his/her) take home pay during the last 30 days?

\$ _____ (ASK Q. 46)

46. (DATA ABOUT SECOND JOB, OR MOONLIGHTING)

A. Besides the job that we have just discussed, did (he/she) have any other job during the last four weeks?

- (1) Yes (ASK Q. 46B)
 (5) No
 (8) Don't Know (GO TO Q. 48)

B. What kind of work does (he/she) do on that job? (BE SPECIFIC)

C. What kind of business or organization does (he/she) work for? What do they do or make?

D. How many hours per week did (he/she) work at that job?

_____ (number)

47. A. When was (his/her) last pay day (IF PERSON IS PAID ON A DAILY OR IRREGULAR BASIS, GO TO Q. 48)
- B. What was the total amount that (he/she) was paid before deductions, such as taxes, Social Security, and insurance?
- C. What deductions, such as insurance, taxes, Social Security, union dues, credit union payments and savings plans were made and how much were they?

<u>Deductions</u>	<u>Purpose</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

- D. What was (his/her) take home pay? (REPEAT FOR EACH PAYDAY IN THE LAST 30 DAYS, THEN GO TO Q. 49)

	<u>Last Payday</u>	<u>Next to Last Payday</u>	<u>3rd Payday</u>	<u>4th Payday in Last 30 Days</u>
Date	_____	_____	_____	_____
Total before deductions	\$ _____	\$ _____	\$ _____	\$ _____
Deductions (RECORD)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Take home pay	\$ _____	\$ _____	\$ _____	\$ _____

48. (IF PERSON IS PAID ON DAILY OR IRREGULAR BASIS FOR SECOND JOB)

- A. How often is (he/she) paid?

- B. How much was (his/her) total pay during the last 30 days, before deductions?

48. (Continued)

- C. What deductions such as taxes, insurance or Social Security, were made and how much were they?

<u>Deductions</u>	<u>Purpose</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

- D. What was (his/her) take home pay during the last 30 days?

\$ _____.

49. A. Has (he/she) held any (other) jobs during the past 12 months?

(1) Yes (ASK Q. 49B)

(5) No

(8) Don't Know (GO TO NEXT PERSON OR Q. 50)

- B. For each job, could you tell me what sort of work he did, about what dates he worked at the job, and approximately how much he earned per hour or week from the job, that is how much take home pay he had?
(IF PERSON WORKED ON IRREGULAR BASIS, TRY TO GET ESTIMATE OF TOTAL EARNINGS FROM THAT JOB IN LAST 12 MONTHS.)

What sort of work he did
(BE SPECIFIC)

Dates he worked
at the job

Approximate take-
home pay

	_____ to _____ Beginning End	
	_____ to _____ Beginning End	
	_____ to _____ Beginning End	

(REPEAT FOR EACH ADDITIONAL PERSON OVER 16 YEARS OF AGE)

EMPLOYMENT

39. REFER TO PAGE 3 FOR LISTING OF PEOPLE IN HOUSEHOLD. ASK FOR EACH PERSON 16 YEARS OR OLDER. USE ONE SET OF PAGES FOR EACH PERSON. WRITE IN, ON FIRST LINE, NAME OF PERSON FOR WHOM QUESTIONS ARE BEING ASKED.

Now I want to ask about the employment of each of the adults in your household.

Has _____ had a job or done any sort of work for pay in the last four weeks?

- (1) Yes (ASK Q. 40)
 (5) No _____
 (8) Don't Know (GO TO Q. 49)

40. What kind of work does (he/she) do? (BE SPECIFIC)

41. What kind of business or organization does he work for? What do they do or make?

42. How many days or weeks did (he/she) work at this job during the last four weeks?

_____ (number)

43. How many hours per week did (he/she) work at this job?

_____ (number)

44. A. When was (his/her) last pay day? (IF PERSON IS PAID ON A DAILY OR IRREGULAR BASIS, GO TO Q. 45)

- B. What was the total amount? What deductions such as taxes and insurance were made and how much were they? What was the amount of take-home pay? (ASK FOR EACH PAY DAY IN LAST 30 DAYS, THEN GO TO Q. 46)

	<u>Last Payday</u>	<u>Next to last Payday</u>	<u>3rd Payday</u>	<u>4th payday in last 30 days</u>
Date	_____	_____	_____	_____
Total before deductions	\$ _____	\$ _____	\$ _____	\$ _____
Deductions (RECORD)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Take home pay	\$ _____	\$ _____	\$ _____	\$ _____

45. (IF PERSON IS PAID ON A DAILY OR IRREGULAR BASIS)

A. How often is (he/she) paid?

_____.

B. How much was (his/her) total pay before deductions during the last 30 days?

\$_____.

C. Were there any deductions made from (his/her) pay, such as insurance, Social Security or credit union dues?

- (1) Yes (ASK Q. 45D)
 (5) No
 (8) Don't Know (GO TO Q. 46)

D. (IF "YES" TO Q. 45C) How much were they?

<u>Deductions</u>	<u>Purpose</u>
\$_____	_____
\$_____	_____
\$_____	_____

E. What was (his/her) take home pay during the last 30 days?

\$_____ (ASK Q. 46)

46. (DATA ABOUT SECOND JOB, OR MOONLIGHTING)

A. Besides the job that we have just discussed, did (he/she) have any other job during the last four weeks?

- (1) Yes (ASK Q. 46B)
 (5) No
 (8) Don't Know (GO TO Q. 48)

B. What kind of work does (he/she) do on that job? (BE SPECIFIC)

C. What kind of business or organization does (he/she) work for? What do they do or make?

D. How many hours per week did (he/she) work at that job?

_____ (number)

Second Earner

47. A. When was (his/her) last pay day (IF PERSON IS PAID ON A DAILY OR IRREGULAR BASIS, GO TO Q. 48)
- B. What was the total amount that (he/she) was paid before deductions, such as taxes, Social Security, and insurance?
- C. What deductions, such as insurance, taxes, Social Security, union dues, credit union payments and savings plans were made and how much were they?

<u>Deductions</u>	<u>Purpose</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

- D. What was (his/her) take home pay? (REPEAT FOR EACH PAYDAY IN THE LAST 30 DAYS, THEN GO TO Q. 49)

	<u>Last Payday</u>	<u>Next to Last Payday</u>	<u>3rd Payday</u>	<u>4th Payday in Last 30 Days</u>
Date	_____	_____	_____	_____
Total before deductions	\$ _____	\$ _____	\$ _____	\$ _____
Deductions (RECORD)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Take home pay	\$ _____	\$ _____	\$ _____	\$ _____

48. (IF PERSON IS PAID ON DAILY OR IRREGULAR BASIS FOR SECOND JOB)

- A. How often is (he/she) paid?

- B. How much was (his/her) total pay during the last 30 days, before deductions?

Second Earner

48. (Continued)

C. What deductions such as taxes, insurance or Social Security, were made and how much were they?

<u>Deductions</u>	<u>Purpose</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

D. What was (his/her) take home pay during the last 30 days?

\$ _____.

49. A. Has (he/she) held any (other) jobs during the past 12 months?

(1) Yes (ASK Q. 49B)

(5) No

(8) Don't Know (GO TO NEXT PERSON OR Q. 50)

B. For each job, could you tell me what sort of work he did, about what dates he worked at the job, and approximately how much he earned per hour or week from the job, that is how much take home pay he had?
(IF PERSON WORKED ON IRREGULAR BASIS, TRY TO GET ESTIMATE OF TOTAL EARNINGS FROM THAT JOB IN LAST 12 MONTHS.)

What sort of work he did
(BE SPECIFIC)

Dates he worked
at the job

Approximate take-
home pay

	_____ to _____ Beginning End	
	_____ to _____ Beginning End	
	_____ to _____ Beginning End	

(REPEAT FOR EACH ADDITIONAL PERSON OVER 16 YEARS OF AGE)

50. Did your family get any income during the past thirty days from each of these, and how much was that?

<u>Income Source</u>				<u>Amount Received Last Month</u>
WELFARE PAYMENTS:				
A. Public welfare, such as Aid to Dependent Children, aid to blind, etc.	Yes (1)	No (5)	DK (8)	_____
B. Private agency aid	(1)	(5)	(8)	_____
LEGAL ARRANGEMENTS:				
C. Child support payments	(1)	(5)	(8)	_____
D. Alimony or equivalent	(1)	(5)	(8)	_____
SOCIAL SECURITY:				
E. Social Security retire- ment benefits	(1)	(5)	(8)	_____
F. Social Security survivor's benefits	(1)	(5)	(8)	_____
G. Social Security disability benefits	(1)	(5)	(8)	_____
BENEFITS RELATED TO JOB:				
H. Workmen's compensation	(1)	(5)	(8)	_____
I. Disability insurance	(1)	(5)	(8)	_____
J. Unemployment insurance (include supplementary unemployment benefits --if paid by company)	(1)	(5)	(8)	_____
K. Company-provided retirement benefits	(1)	(5)	(8)	_____
EARNED INCOME:				
L. Roomers and/or boarders	(1)	(5)	(8)	_____
M. Sale of homemade products	(1)	(5)	(8)	_____
N. Bonus, commission	(1)	(5)	(8)	_____
O. Income tax refund	(1)	(5)	(8)	_____
P. Profit from own business	(1)	(5)	(8)	_____

50. (Continued)

RETURNS FROM INVESTMENTS:

	Yes	No	DK	
Q. Rents received from property	(1)	(5)	(8)	_____
R. Interest, dividends, annuities or trusts	(1)	(5)	(8)	_____

ARMED SERVICE BENEFITS:

S. Serviceman's pay or family allotment	(1)	(5)	(8)	_____
T. Pension, disability or retirement	(1)	(5)	(8)	_____

GIFTS AND INHERITANCES:

U. Money gifts, prizes, windfalls (A sudden or un- expected gain)	(1)	(5)	(8)	_____
V. Money inherited	(1)	(5)	(8)	_____
W. Life insurance benefits (lump sum only)	(1)	(5)	(8)	_____

51. A. Did your family have any other sources of income during the past thirty days that we haven't mentioned?

(1) Yes (ASK Q. 51B)
 (5) No
 (8) Don't Know → (GO TO Q. 52)

B. (IF "YES" TO Q. 51A) What were they and how much income did you receive from each?

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

52. A. During the last 30 days have you borrowed any money or taken out any loans from relatives, life insurance or banks which you haven't mentioned?

(1) Yes (ASK Q. 52B)
 (5) No
 (8) Don't Know → (GO TO Q. 53)

52. (Continued)

B. (IF "YES" TO Q. 52A) How much money did you borrow during the last 30 days and from whom?

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

53. A. Did you sell or pawn any possessions during the last 30 days?

- (1) Yes (ASK Q. 53B)
(5) No
(8) Don't Know (GO TO Q. 54)

B. (IF "YES" TO Q. 53A) What did you sell or pawn and what amount did you receive for it?

<u>Item</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

54. A. Did you take any money out of savings during the last thirty days?

- (1) Yes (ASK Q. 54B)
(5) No
(8) Don't Know (GO TO Q. 55)

B. (IF "YES" TO Q. 54A) What withdrawals did you make?

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

55. A. Are you or anyone in this household under the Medicaid program?

- (1) Yes (ASK Q. 55B)
 - (5) No
 - (8) Don't know
- (GO TO Q. 56)

B. Did you or anyone in this household receive any medical care under Medicaid during the last 30 days?

- (1) Yes (ASK Q. 55C)
 - (5) No
 - (8) Don't know
- (GO TO Q. 56)

C. What sort of medical care was received under the Medicaid program, that is, was it an office visit to a doctor, an operation or what?

56. In case my office needs to verify my work, may I have your phone number?

- (0) No phone
- (1) Phone number _____
- (7) Refused

57. Could you give me the name and address of some relative or person who will always know where you are living in case you move?

That completes the interview. Thank you very much for your cooperation.

INTERVIEWER EVALUATIONS

I1. Cooperativeness of respondent toward the interview

- (1) Cooperative, interested
- (3) Neutral
- (5) Antagonistic, negative

I2. Accuracy and completeness of information

- (1) Accurate and very complete
- (3) Reasonably accurate and complete
- (5) Somewhat inaccurate or incomplete, information withheld or forgotten.

INTERVIEWER WORKSHEET

Instructions: Add total expenditures and total income. If the two figures are not within 10 percent of each other, ask respondent if he knows why there is a difference.

Expenditures page 6 _____

page 7 _____

page 8 _____

page 9 _____

page 10 _____

page 11 _____

Q. 38B page 17 _____ (per month share of total
shown in 38B)

Total expenditures: _____

Income from Employment

Principal earner

Q. 44B (take home total) _____

Q. 45E _____

Q. 47D (take home total) _____

Q. 48D _____

Second Earner

Q. 44B (take home total) _____

Q. 45E _____

Q. 47D (take home total) _____

Q. 48D _____

Other Income and Spendable

Funds: page 26 _____

27 _____

28 _____

Total Funds Available
for Spending: _____

Explanation of difference (if needed) _____

